VENDOR PERFORMANCE REPORT

Office of State Procurement Date: _ / _ /__

AGENCY:	Instructions for State Agency Use: Complete this form to report unsatisfactory or exceptional vendor performance. The first copy of this form is to be sent to the Office of State Procurement, second copy is sent to the vendor, third copy is retained by your agency.							
Purchase Order No	o. Date	Date Issued State Contract No.			Delivery Requi			
						Days	Weeks	
Agency Name and	Address				Vendor Name a			
Nature of Report Late Delivery Unauthorized Quality n Substitution contract :					lance with	Exceptional Performance	Other (Explain)	
Action you request of State Procurement This report for purchasing records and vendor information Detailed Explanation: Be specific, attach additional sheets if m					Request State Procurement to take necessary action			
Agency Report Initi	ated by:	(Name)		(Title)	(Date	e) (Phone #)	(Email Address)	
Vendor: Upon receiving a copy of this report, you are requested to respond in writing within 7 calendar days to: STATE OF ARKANSAS OFFICE OF STATE PROCUREMENT OR e-Mail to OSP@dfa.state.ar.us 1509 W. 7 TH ST., SUITE 300 LITTLE ROCK, AR 72201-4222 ATTN:								
Vendor Respo	nse to Ager	ncy Explana	tion: (Attach a	ndditional sh	eets if more sp	ace is needed)		
Vendor Response	by:	(Name)		(Title)	(Date	e) (Phone #)	(Email Address)	
	d, agency/vendo	be completed b	y State Procuremen ed for future referen or's performance rec	nt)	JIBCI)	, (i none #)	(Email Address)	
	(Name)		(Title)				(Date)	
First Copy-S	Send to St	ate Procu	rement, 2 nd (Copy-Se	end to Ve	ndor, <u>3rd Cop</u>	<u>y</u> -Agency Copy	